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Phone:	Phone: 818-833-2014
Company: U.S. Patent and Trademark Office	Company: Quallion LLC
	Pages: Total of (23) Pages
Re: Application Serial No.: 10/500,907 Title: METHOD AND APPARATUS FOR AMPLITUDE LIMITING BATTERY TEMPERATURE SPIKES Filed: July 2, 2004 Examiner: TSO, Edward Group Art Unit: 2838 Attorney Docket No.: Q121-US4	Date: October 9, 2007

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Amendment Transmittal Letter (2 page)
Fee Transmittal (in duplicate) (2 pages)
Amendment (8 pages)
Terminal Disclaimer (2 pages)
Revocation of Power of Attorney; Power of Attorney by Assignee (2 pages)
Statement Under 37 CFR 3.73(b) (1 page)
Copy of Assignment and Recordation Papers (5 pages)

Lisa K. Robbins
(Name of Person Signing Certificate)


(Signature)

Quallion LLC

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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PAGE 1/23 * RCVD AT 10/9/2007 4:28:43 PM [Eastern Daylight Time] * SVR:USPTO-EFXXF-5/7 * DNIS:2738300 * CSID:8188332065 * DURATION (mm-ss):03-30

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/500,907
		Filing Date	July 2, 2004
		First Named Inventor	Hisashi Tsukamoto et al.
		Group Art Unit	2838
		Examiner Name	TSO, Edward H.
Total Number of Pages in This Submission		Attorney Docket Number	Q121-US4

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b) and copy of Recordation of Assignment
Remarks: _____		


Customer Number or Bar Code Label	31815 <i>(Insert Customer No. or Attach bar code label here)</i>
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The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 10/9/2007

Phone: (818) 833-2003
Fax: (818) 833-2085

By: 
 Travis Dodd
 Attorneys for Applicant(s)
 P.O. Box 923127
 Sylmar, CA 91392-3127

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this _____ date: _____			
Typed or printed name	TRAVIS DODD		
Signature		Date	

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Filing Date:	July 2, 2004
Examiner Name:	2838
Group/Art Unit:	TSO, Edward H.

TOTAL AMOUNT OF PAYMENT:	\$.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other - Credit Card</p>


2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$300.00	\$150.00	\$0.00
Total Claims	37 - 37 =	0	X \$50.00	X \$25.00	\$0.00
Independent Claims	3 - 3 =	0	X \$200.00	X \$100.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$360.00	\$180.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 350.00	\$ 175.00	\$0.00
Reissue filing fee	\$ 790.00	\$ 395.00	\$0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	10/9/2007

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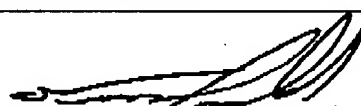
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Total of above Calculations =			\$.00		

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	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	10/9/2007